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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>Form for new non-provisional applications under 37 CFR 1.53(b)</small>  |  | Attorney Docket No. <b>Kaplan 2000-0225</b>                          |  |
|   |  | First Named Inventor or Application Identifier <b>Alan E. Kaplan</b> |  |
|   |  | Title <b>Secure Access To Voice Mail</b>                             |  |
|   |  | Express Mail Label no. <b>EF168410576US</b>                          |  |
| Assistant Commissioner for Patents<br>Box Patent Application<br>Washington D.C. 20231   |  |  |  |
| APPLICATION ELEMENTS  |  | ACCOMPANYING APPLICATION PARTS                                       |  |
| <input checked="" type="checkbox"/> Fee Transmittal Form (original and duplicate)   |  | <input checked="" type="checkbox"/> Assignment - 1 page, two sided   |  |
| <input checked="" type="checkbox"/> Specification Total Pages <b>21</b><br>title<br>cross reference to related applications (e.g. provisional application)<br>background<br>summary<br>brief description of the drawings (if filed)<br>detailed description<br>claims<br>abstract   |  | <input checked="" type="checkbox"/> Recordation form                 |  |
| <input checked="" type="checkbox"/> Drawing(s) Total Pages <b>7</b>   |  | <input checked="" type="checkbox"/> Power of Attorney                |  |
| <input checked="" type="checkbox"/> Declaration Total Pages <b>1 - two-sided</b>  |  | <input checked="" type="checkbox"/> Postcard                         |  |
| a. <input type="checkbox"/> Newly executed  |  | <input type="checkbox"/> Small entity statement                      |  |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuations/divisionals with section below filled out)   |  | <input type="checkbox"/> Certified copy of priority documents        |  |
| <input type="checkbox"/> Deletion of Inventor(s) Signed Statement attached deleting<br>inventor(s) named in the prior application. 37 CFR 163 (d)(2)<br>and 1.33(b).  |  | <input type="checkbox"/> Information disclosure statement            |  |
| <input type="checkbox"/> Incorporation by reference (usable if Declaration is a copy):<br>The entire disclosure of the prior application, from which a copy of the oath or declaration<br>is supplied, is considered as being part of the disclosure of the accompanying application<br>is hereby incorporated by reference herein. |  | <input type="checkbox"/> Copies of IDS citations                     |  |
| <input type="checkbox"/> Other  |  | <input type="checkbox"/> 37 CFR 3.73(b) Statement                    |  |
|   |  | <input checked="" type="checkbox"/> check                            |  |
|   |  | <input checked="" type="checkbox"/> Nonpublication Request           |  |
|   |  | <input type="checkbox"/> Other                                       |  |
| If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  |  |  |  |
| <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:  |  |  |  |
| CORRESPONDENCE ADDRESS  |  |  |  |
| <input type="checkbox"/> Customer Number or Bar Code Label  |  | (insert Customer No. or Attach bar code label here)                  |  |
|   |  | <input checked="" type="checkbox"/> Correspondence Address below     |  |
| NAME <b>Henry T. Brendzel</b>   |  |  |  |
| ADDRESS <b>P.O. Box 574, Springfield, NJ 07081</b>  |  |  |  |
| COUNTRY <b>United States</b>  |  | FAX <b>(973) 467-6589</b>  |  |
| SIGNATURE OF APPLICANT ATTORNEY, OR AGENT   |  |  |  |
| Name <b>Henry T. Brendzel</b>   |  | Reg. No. <b>26,844</b>   |  |
| Telephone <b>(973) 467-2025</b>   |  |  |  |
| Signature <i>Henry Brendzel</i>   |  | Date <b>7/5/01</b>   |  |
| I hereby certify that this Application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under<br>37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.   |  |  |  |
| <u>7/5/01</u><br>Date of Deposit  |  | <u>Henry Brendzel</u><br>(Printed Name of Person Mailing Paper)      |  |
|   |  | <i>Henry Brendzel</i><br>(Signature of Person Mailing Paper)         |  |


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| <b>FEE TRANSMITTAL</b><br><i>Patent Fees are subject to annual revisions on October 1</i><br><i>These are the fees effective November 10, 1998</i><br><i>Small entity payments must be supported by a small entity statement.</i><br><i>Otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.</i> |           | <i>Complete if Known</i> |                  |
|  |           | Application Number       |                  |
|  |           | Filing Date              |                  |
|  |           | First Named Inventor     | Alan E. Kaplan   |
|  |           | Examiner Name            |                  |
|  |           | Group/Art Unit           |                  |
| TOTAL AMOUNT OF PAYMENT  | (\$) 1742 | Attorney Docket ID       | Kaplan 2000-0225 |

| <b>METHOD OF PAYMENT</b> (check one)  |                          | <b>FEE CALCULATION</b> (continued)   |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
|---|--------------------------|--|------------------|--------------------|------------|-------------------------------------|--------|--|----|---------------------------|----|--------------------------------------|-----|--|------------|---|---|--|-----|---|--------------------------|--|--|---|---|--|--|------------------|--|--|------------|----------------------------|--|---|--|----------------------------------|--|------------------------------------|--|--------------------------------|--|------------------|--|-----------------|--|-------------------------------|--|---|--|--|--|--|----|---|--|--|--|-----------|--|-----------|--|-----------|--|--------------------------|-----------|
| 1. The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to:<br><br>Deposit Account Number      Deposit Account Name<br><b>500732</b> <b>Henry T. Brendzel</b><br><input checked="" type="checkbox"/> Charge any additional Fee Required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance<br>2. <input type="checkbox"/> Payment enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other<br><input type="checkbox"/> Small Entity Status is hereby requested |                          | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>Non-English specification</td><td></td></tr> <tr><td>For filing request for reexamination</td><td></td></tr> <tr><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>Extension for reply within the first month</td><td></td></tr> <tr><td>Extension for reply within the second month</td><td></td></tr> <tr><td>Extension for reply within the third month</td><td></td></tr> <tr><td>Extension for reply within the fourth month</td><td></td></tr> <tr><td>Extension for reply within the fifth month</td><td></td></tr> <tr><td>Notice of Appeal</td><td></td></tr> <tr><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>Requesting an oral hearing</td><td></td></tr> <tr><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>Design issue fee</td><td></td></tr> <tr><td>Plant issue fee</td><td></td></tr> <tr><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr><td>Other fee</td><td></td></tr> <tr><td><b>SUBTOTAL (2) (\$)</b></td><td><b>40</b></td></tr> </tbody> </table> |                  | Fee Description    | Fee Paid   | Surcharge - late filing fee or oath |        | Surcharge - late provisional filing fee or cover sheet |    | Non-English specification |    | For filing request for reexamination |     | Requesting publication of SIR prior to Examiner action |            | Requesting publication of SIR after Examiner action |   | Extension for reply within the first month |     | Extension for reply within the second month |                          | Extension for reply within the third month |  | Extension for reply within the fourth month |   | Extension for reply within the fifth month |  | Notice of Appeal |  | Filing a brief in support of an appeal |            | Requesting an oral hearing |  | Petition to institute a public use proceeding |  | Petition to revive - unavoidable |  | Petition to revive - unintentional |  | Utility issue fee (or reissue) |  | Design issue fee |  | Plant issue fee |  | Petitions to the Commissioner |  | Petitions related to provisional applications |  | Submission of Information Disclosure Statement |  | Recording each patent assignment per property (times number of properties) | 40 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee |  | Other fee |  | Other fee |  | <b>SUBTOTAL (2) (\$)</b> | <b>40</b> |
| Fee Description   | Fee Paid                 |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Surcharge - late filing fee or oath   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Surcharge - late provisional filing fee or cover sheet  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Non-English specification   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| For filing request for reexamination  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Requesting publication of SIR prior to Examiner action  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Requesting publication of SIR after Examiner action   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Extension for reply within the first month  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Extension for reply within the second month   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Extension for reply within the third month  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Extension for reply within the fourth month   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Extension for reply within the fifth month  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Notice of Appeal  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Filing a brief in support of an appeal  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Requesting an oral hearing  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Petition to institute a public use proceeding   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Petition to revive - unavoidable  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Petition to revive - unintentional  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Utility issue fee (or reissue)  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Design issue fee  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Plant issue fee   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Petitions to the Commissioner   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Petitions related to provisional applications   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Submission of Information Disclosure Statement  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Recording each patent assignment per property (times number of properties)  | 40                       |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Filing a submission after final rejection (37 CFR 1.129(a))   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| For each additional invention to be examined (37 CFR 1.129(b))  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Other fee   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Other fee   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Other fee   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| <b>SUBTOTAL (2) (\$)</b>  | <b>40</b>                |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| <b>FEE CALCULATION</b><br><b>1. FILING FEE</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Utility Filing Fee</td><td>710</td></tr> <tr><td>Design Filing Fee</td><td></td></tr> <tr><td>Plant Filing Fee</td><td></td></tr> <tr><td>Reissue Filing Fee</td><td></td></tr> <tr><td>Provisional Filing Fee</td><td></td></tr> <tr><td><b>SUBTOTAL (1) (\$)</b></td><td><b>710</b></td></tr> </tbody> </table>   |                          | Fee Description  | Fee Paid         | Utility Filing Fee | 710        | Design Filing Fee                   |        | Plant Filing Fee                                       |    | Reissue Filing Fee        |    | Provisional Filing Fee               |     | <b>SUBTOTAL (1) (\$)</b>                               | <b>710</b> |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Fee Description   | Fee Paid                 |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Utility Filing Fee  | 710                      |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Design Filing Fee   |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Plant Filing Fee  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Reissue Filing Fee  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Provisional Filing Fee  |                          |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| <b>SUBTOTAL (1) (\$)</b>  | <b>710</b>               |  |                  |                    |            |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| <b>2. CLAIMS</b><br><table border="1"> <thead> <tr> <th></th> <th>Claims remaining</th> <th>Highest Paid</th> <th>Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>44</td> <td>20</td> <td>24</td> <td>18</td> <td>432</td> </tr> <tr> <td>Independent Claims</td> <td>10</td> <td>3</td> <td>7</td> <td>80</td> <td>560</td> </tr> <tr> <td>Multiply Dependent Claims</td> <td colspan="3"><input type="checkbox"/></td> <td>270</td> <td>0</td> </tr> <tr><td colspan="5"><b>SUBTOTAL (2) (\$)</b></td><td><b>992</b></td></tr> </tbody> </table>   |                          |  | Claims remaining | Highest Paid       | Extra      | Rate                                | Amount | Total Claims   | 44 | 20                        | 24 | 18                                   | 432 | Independent Claims                                     | 10         | 3   | 7 | 80   | 560 | Multiply Dependent Claims                   | <input type="checkbox"/> |  |  | 270   | 0 | <b>SUBTOTAL (2) (\$)</b>                   |  |                  |  |  | <b>992</b> |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
|   | Claims remaining         | Highest Paid   | Extra            | Rate               | Amount     |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Total Claims  | 44                       | 20   | 24               | 18                 | 432        |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Independent Claims  | 10                       | 3  | 7                | 80                 | 560        |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| Multiply Dependent Claims   | <input type="checkbox"/> |  |                  | 270                | 0          |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |
| <b>SUBTOTAL (2) (\$)</b>  |                          |  |                  |                    | <b>992</b> |                                     |        |  |    |                           |    |                                      |     |  |            |   |   |  |     |   |                          |  |  |   |   |  |  |                  |  |  |            |                            |  |   |  |                                  |  |                                    |  |                                |  |                  |  |                 |  |                               |  |   |  |  |  |  |    |   |  |  |  |           |  |           |  |           |  |                          |           |

|                       |   |  |  |                                 |        |
|-----------------------|---|--|--|---------------------------------|--------|
| <b>SUBMITTED BY</b>   |   |  |  | <b>Complete (if applicable)</b> |        |
| Typed of Printed Name | Henry T. Brendzel   |  |  | Reg. Number                     | 26,844 |
| Signature             |  |  |  | Date                            | 7/5/01 |
|                       |   |  |  | Deposit Account User ID         |        |

|  |   |
|--|---|
| <b>NONPUBLICATION REQUEST</b><br><b>UNDER</b><br><b>35 U.S.C. 122(b)(2)(B)(i)</b>  | Attorney Docket No. <b>Kaplan 2000-0225</b>     |
|  | First Named Inventor <b>Alan E. Kaplan</b>      |
|  | Title <b>Secure Remote Access To Voice Mail</b> |
| <b>To: Assistant Commissioner for Patents</b><br><b>Box Patent Application</b><br><b>Washington D.C. 20231</b>   |   |
| <p>I hereby certify that the invention disclosed in the attached application <b>has not and will not be</b> the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.</p> <p><b>I hereby request that the attached application not be published under 35 USC 122(b).</b></p> <p>This request is signed in compliance with 37 CFR 1.33(b) and submitted with the application upon filing.</p> <p>Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 USC 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.</p> <p>If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement that requires publication of applications eighteen months after filing, the applicant <b>must</b> notify the United States Patent and Trademark Office of such filing within forty-five days after the date of the filing of such foreign or international application. <b>Failure to do so will result in abandonment of this application (35 USC 122(b)(2)(B)(iii)).</b></p> |   |
| Name <b>Henry T. Brendzel</b>  | Reg. No. <b>26,844</b>                          |
| Signature   | Date <b>7/5/01</b>                              |